

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS



Candidate's Name Gray Tollison

Full Address P. O. Box 1358 Oxford, MS 38655

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Office Sought State Senate, Dist. 9 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions		\$ 7,500.00	\$ 7,500.00
Total amount of disbursements		\$ 471.00	\$ 471.00
Total amount of cash on hand		\$15,610.03	

*I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.*

Signature of Candidate

January 10, 2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Gray TollisonReporting period Jan. 1, 2009 through Dec. 31, 2009**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Community Financial Services Assoc of America		07 / 15 / 09	\$ 500.00
Mailing Address 515 King St., Ste 300		___ / ___ / ___	\$
City, State, Zip Code Alexandria, VA 22314		___ / ___ / ___	\$
Name of Employer (Required) financial services		___ / ___ / ___	\$
Occupation (Required) consumer loans		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anheuser Busch Companies		07 / 28 / 09	\$ 500.00
Mailing Address One Busch Place		___ / ___ / ___	\$
City, State, Zip Code St. Louis, MO 63118-1852		___ / ___ / ___	\$
Name of Employer (Required) Anheuser Busch		___ / ___ / ___	\$
Occupation (Required) beer, entertainment		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comcast		10 / 09 / 09	\$ 500.00
Mailing Address One Comcast Center, 1701 JFK Blvd.		___ / ___ / ___	\$
City, State, Zip Code Philadelphia, PA 19103-2838		___ / ___ / ___	\$
Name of Employer (Required) Comcast		___ / ___ / ___	\$
Occupation (Required) cable		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Miss. Bail Agents Association		10 / 07 / 09	\$ 400.00
Mailing Address 805 S. Wheatley St.		___ / ___ / ___	\$
City, State, Zip Code Ridgeland, MS 39157		___ / ___ / ___	\$
Name of Employer (Required) bail agents		___ / ___ / ___	\$
Occupation (Required) bail agents		Aggregate year-to-date	\$ 400.00

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A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name ATT Miss. PAC		10 / 28 / 09	\$ 500.00
Mailing Address 175 E. Capital St., Rm 703		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201		___ / ___ / ___	\$
Name of Employer (Required) ATT		___ / ___ / ___	\$
Occupation (Required) telephone		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Southern States PBA, Inc. PAC Fund		10 / 28 / 09	\$ 500.00
Mailing Address 2155 Hwy 425		___ / ___ / ___	\$
City, State, Zip Code McDonough, GA 30252		___ / ___ / ___	\$
Name of Employer (Required) PBA		___ / ___ / ___	\$
Occupation (Required) law enforcement		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tim Ford		10 / 30 / 09	\$ 500.00
Mailing Address P. O. Box 22587		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39225-2587		___ / ___ / ___	\$
Name of Employer (Required) Balch & Bingham, LLP		___ / ___ / ___	\$
Occupation (Required) attorney		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Miss. Hospital Assn. PAC		11 / 04 / 09	\$ 500.00
Mailing Address P. O. Box 1909		___ / ___ / ___	\$
City, State, Zip Code Madison, MS 39130-1909		___ / ___ / ___	\$
Name of Employer (Required) MHA		___ / ___ / ___	\$
Occupation (Required) health care		Aggregate year-to-date	\$ 500.00

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A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Miss. Ind. RX PAC		11 / 04 / 09	\$ 500.00
Mailing Address 4209 Lakeland Dr., Ste 399		___ / ___ / ___	\$
City, State, Zip Code Flowood, MS 39232		___ / ___ / ___	\$
Name of Employer (Required) Miss. Ind. Pharmacists Assn.		___ / ___ / ___	\$
Occupation (Required) Pharmacists		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Entertainment Software Assn.		11 / 13 / 09	\$ 500.00
Mailing Address 575 7th St., NW, Ste 300		___ / ___ / ___	\$
City, State, Zip Code Washington, DC 20004		___ / ___ / ___	\$
Name of Employer (Required) Entertainment Software Assn.		___ / ___ / ___	\$
Occupation (Required) Entertainment software		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Miss. Manufrs Assn. PAC		11 / 20 / 09	\$ 500.00
Mailing Address 720 N. President St.		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39202		___ / ___ / ___	\$
Name of Employer (Required) Miss. Manufr.s Assn.		___ / ___ / ___	\$
Occupation (Required) Manufacturing assn.		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Altria Client Services, Inc.		12 / 10 / 09	\$ 500.00
Mailing Address 333 N. Point Center E.		___ / ___ / ___	\$
City, State, Zip Code Alpharetta, GA 30022		___ / ___ / ___	\$
Name of Employer (Required) Altria		___ / ___ / ___	\$
Occupation (Required) tobacco		Aggregate year-to-date	\$ 500.00

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A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>State Farm PAC</b>		<u>12</u> / <u>22</u> / <u>09</u>	\$ 500.00
Mailing Address <b>230 Hwy 82 East, P.O. Box 577</b>		___ / ___ / ___	\$
City, State, Zip Code <b>Indianola, MS 38751-2235</b>		___ / ___ / ___	\$
Name of Employer (Required) <b>State Farm</b>		___ / ___ / ___	\$
Occupation (Required) <b>insurance</b>		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$